

**UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS**

CJA ATTORNEY OR VENDOR PAYEE REGISTRATION

NAME: _____

SOCIAL SECURITY NUMBER: (required) _____

MAILING ADDRESS:

TELEPHONE : _____ **FAX NO.:** _____

EMAIL ADDRESS: _____

Indicate below how payments should be reported to the IRS:

Under my social security number and name, as indicated above,

OR

To the law firm with which I am affiliated. The law firm's taxpayer identification number, name and address are:

Taxpayer identification No. of Law Firm _____
Law Firm Name _____
Law Firm Address _____

Attorney Signature: _____ **Date:** _____

United States District Court
Clerk's Office - Suite 2300
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ATTN: Judy Litwin